

INVOICE FOR PROVIDER TO COMPLETE AND RETURN

Mail or fax the completed invoice to the Nebraska VR office listed in the Bill To section.

If no other invoice is submitted, this section MUST show an itemized list of the goods/services actually provided and accompanying charges.

PAYMENT to: Bill To:

VR Consumer Name	<u>Description</u>	<u>Dates</u>	<u>Amount</u>
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FULL SIGNATURE REQUIRED of person preparing invoice		Date	Total Amount
Nebraska VR Agency Representative		Date	